Effective December 29, 1999 C4/6-20, 520									
CLAIMS AS FILED - PART I (Column 1) (Column 2)					ALL PE	EMILA	OR	OTHER	
FOR	NUMBER FILED	NUMBER 6	EXTRA	P	NE	FEE		RATE	FEE
BASIC FEE						345.00	OR	1 2. 4	690.00
TOTAL CLAIMS	23 minus 2	0= · , (	×	9=		OR	X\$18=	144	
INDEPENDENT CLAIMS 4 minus 3 =		3-1-		×	39-		OR	X78-	78
MURTIPLE DEPENDENT CLAIM PRESENT					30⇒		OR	+260=	
"If the difference in column 1 is less than zero, enter "O" in column 2					TAL		OR	TOTAL	912
7-604 (Column 1) (Column 2) (Column 3)						ENTITY	OR	OTHER	
<b>▼</b> REW	ABAS AADHING FTEA NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AME Total - ) Independent -	Minus	<u>- 28</u>	- \	X	9-		OR	X\$18=	
independent •	Minus	U	- \	X	19=		OR	X78=	X.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					30-		OR	+260=	/. <b>\</b>
1 /			•	ADDE	OTAL		OR	YOTAL ADDIT. FEE	
1 2 (Column 1) (Column 2) (Column 3)									
ID REAL REAL	AANENG FTER NOMENT	HIGHESY NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RJ	TE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	26 Minus	- 28	• -	X	9=		OR	XSTE-	
	( Minus	4	•	X	<b>Q</b> =		ОЯ	XUE D	X
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					30-		OR	+260-	7.
					OTAL	, _	OR	TOTAL	/
ADOIT, FEEL ADOIT,									
U PREM	LAIMS AARNING FTER NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total · C	Minus	· 28	• <u>(</u> )	XS	9= -		OR	XST8=	$\overline{}$
3	1. Minus	••• ¥	<b>-</b> /	x	9=		OR	XTEN	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					_				1
* If the entry in column 1 is less than the entry in column 2, with "O" in column 3.							OR	+560=	4.
The state of the s								TOTAL ADOIT, PEE	/
The Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1,									

PONE PTO-676

Palent and Trademark Office, U.S. DEPARTMENT OF CONSIGERCE

Application or Docket Number

WA CFG INDIGENIATIONS